Based On PTO/SB/17 (10-07)

Effective on 10/01/2008					Complete if Known PE			
•		• • •	ns Act, 2005 (H.R. 4818	B). Applicati	on Number	10/520,438		
FEE TRANSMITTAL FOR FY 2009				Filing Da	ate	January 26, 2006 /		
				First Nar	med Inventor	FAURE, Sylvair	URE, Sylvain APR 0 9 200	
	ION	1 1 200		Examine	er Name	Gregory E. Web	/WAY	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1796	A TRADENAS	
TOTAL AMOUNT OF PAYMENT (\$) 1,920.00				Attorney	Attorney Docket No. 10404.008.00			
METUOD OF DAVMENT								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: <u>50-0911</u> Deposit Account Name: <u>McKenna Long & Aldridge LLP</u>								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	` F.	ILING FEES		CH FEES	EXAMINATION			
	ion Type <u>Fee</u>		Fee (\$)	Small Entity Fee (\$)	Fee (\$)		Fees Paid (\$)	
Utility	33			270	220	110		
Design Plant	22 22			50 165	140 170	70 85		
Reissue	33			270	650	325		
Provision				0	0	0 _		
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$)								
Each claim over 20 (including Reissues) 52 26								
Each independent claim over 3 (including Reissues) 220 110								
Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
<u>Total Ole</u>	Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depe - 20 or HP = 0 x \$52 = 0 Fee (\$)							
HP = hig	HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
- 3 or HP = 0 x \$220 = 0								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each								
additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$) 100 = 0 / 50 = 0 (round up to a whole number) x = 0								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Request for Continued Examination (RCE)							\$810.00	
Petition for Extension of Time (three-month)							1,110.00	
SUBMITTED BY								
Signature Registration No. (Attorney/Agent) 33,829 Telephone (202) 496-7500								
100000							ril 9, 2009	